with no impairment whatever, it was necessary to look up his history, which showed that the diagnosis had been confirmed by a skiagraph, to convince the examiners that he had really sustained a fracture of the neck of the femur. Dr. Ashhurst added that Dr. Newell and he agreed entirely with Dr. Harte that the question of shortening was of secondary importance, since, as Dr. Harte said, it was of course impossible to know what had been the length of the fractured limb before the accident. He thought, however, if a patient had been so unfortunate as to have one leg an inch or more longer than its fellow, he would have to be congratulated should the result of his fracture enable him to be discharged with two legs of equal length.

GERSUNY'S OPERATION FOR THE CURE OF ENURESIS.

Dr. Gwilym G. Davis presented a young girl, aged 15 years, who was admitted to hospital under his care with the following history: She had had most all of the diseases of childhood besides typhoid fever. Menstruation began at the age of 12, and she stated that she did not menstruate from the vagina but at each monthly period had considerable bleeding from the nose accompanied by headache. A year and a half previously she passed through an attack of typhoid fever at another hospital. She has always been of a nervous disposition and a year ago began to have nocturnal incontinence of urine. She passed urine involuntarily five to seven times each night. She was under treatment for the trouble in the medical ward and was afterwards operated on for appendicitis three months previous to her present operation.

Urine: Sp. gr., 1020, acid, no albumin nor sugar; few epithelial cells; no urethral polypus or other abnormal conditions.

She was etherized and the urethra surrounded by a circular incision and loosened from its surroundings. It was then twisted three-fourths of a turn on its longitudinal axis until a feeling of resistance was experienced, the margin was then sewn to the adjacent tissues by interrupted sutures of fine chromic gut. A catheter was inserted and retained for two or three days. Primary union occurred and she was soon discharged from the hospital cured.

The procedure used in this case was that devised by Gersuny (Centralblatt für Chirurgie, 1888) and is similar to his well-known operation for incontinence of feces (Centralblatt für

Chirurgie, 1893, 261). While his operation on the rectum is widely and favorably known, his operation on the urethra is comparatively little known and rarely employed. Incontinence of urine is so much more common than incontinence of feces that the field for the operation in the former class is much the wider. It is an operation comparatively easy of performance, lacking in any serious danger or after-effects and apparently efficient. It only needs to be more widely known in order to be more extensively employed.

A METHOD OF ANASTOMOSING THE DIVIDED VAS DEFERENS.

Dr. Gwilym G. Davis said that a couple of years ago while aiding an inexperienced assistant to do an operation for the radical cure of an inguinal hernia the vas deferens was torn. It was strongly adherent to the hernial sac and in attempting to detach it he tore it in two.

At the time the only methods known to Dr. Davis of repairing the injury were those which had been used for anastomosis of the ureter. The only method, as far as he knows, which has been devised for the anastomosis of the vas deferens is that of G. Frank Lydston (Annals of Surgery, July, 1906, p. 92, vol. xliv.) who cut the ends off square, then introduced a filament of silkworm gut on a filiform bougie through an opening in the side and sewed the two square cut ends together. The sheath of the cord was then sewn around the point of union and the bougie withdrawn in ten days.

The method adopted in the present case was a modification of that devised by Poggi for the ureter. Poggi (Archives Provinciales de Chirurgie, vol. vi, June 1, 1896, quoted by Morris Surg. of Kidney and Ureter) dilated the distal end of the ureter and drew the proximal end into it by two sutures, one on each side. Both ends of the ureter were cut off square.

Mayo Robson modified this by slitting the distal end to facilitate the entrance of the proximal end. Van Hook introduced the proximal end through a slit in the distal end on which a ligature had been placed to close its extremity. In the case now reported the proximal end of the divided vas was cut off obliquely so as to leave a moderately long pointed extremity; the distal end was cut off on a short bevel, about 45°.